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SHIMOKAJI & 8911 RESEARCH IRVINE, CA 9261	f he Sta add trar	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/620,792	10/620,792 07/14/2003			Daniel J. Gregoire 091-0181			1104
TITLE OF INVENTION: P		The second secon					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	08/14/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS				
BOCURE, TESFALDET		2611	375-296000	-			
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363).							Fisher & Lorenz, P.C.
	dence address (or Cha	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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Please check the appropriate	assignee category or	categories (will not be pr	inted on the patent):	Individual 🗹 Cor	poration	or other private grou	p entity Government
4a. The following fee(s) are : ✓ Issue Fee ✓ Publication Fee (No st — Advance Order - # of	mall entity discount p	b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2091 (enclose an extra copy of this form).					
5. Change in Entity Status (•	,	b. Applicant is no long				
NOTE: The Issue Fee and Puinterest as shown by the reco							
Authorized Signature	/ERI	N P. MADILL/		Date		July 6, 2007	
Typed or printed name		rin P. Madill				46,893	
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